



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/656,355
	Filing Date	Sep 05, 2003
	First Named Inventor	Matheson
	Group Art Unit	2127
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission 22		Attorney Docket Number MS1-1578US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) Sheets	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form 1449 and Copy of One (1) Cited Reference; Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Customer No. 22801	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Damon A. Rieth; 52,167
Signature	
Date	2/3/2004

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: February 3, 2004		
Typed or printed name	Hope A. Charles	
Signature		Date 2/3/2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.10/656,355
Filing Date September 5, 2003
Inventorship Matheson, et al.
Applicant Microsoft Corporation
Group Art Unit2127
ExaminerNot Yet Assigned
Attorney's Docket No. MS1-1578US
Title: Probabilistic Scheduling

INFORMATION DISCLOSURE STATEMENT

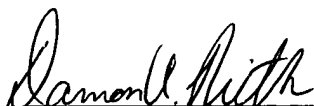
References -- See Attached Form PTO-1449

REMARKS

The citations listed, copies attached, are submitted in compliance with the duty of disclosure defined in 37 CFR §1.56. Pursuant to 37 CFR §1.97, this Information Disclosure Statement (IDS) should be considered by the Office because this IDS is filed before the mailing of the first office action on the merits. Therefore, no fee is required. The Examiner is requested to make these citations of official record in this application.

Respectfully Submitted,

Date: 2/3/04

By: 
Damon A. Rieth
Reg. No. 52,167

+

Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet	1	of	1
-------	---	----	---

Complete if Known

Application Number	10/656,355
--------------------	------------

Filing Date	Sep 05, 2003
--------------------	--------------

First Named Inventor	Matheson
----------------------	----------

Group Art Unit	2127
----------------	------

Examiner Name

Attorney Docket Number MS1-1578US

NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner
Signature

Date
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**